

Town of Sheffield, Massachusetts  
BUILDING PERMIT APPLICATION

Permit No. \_\_\_\_\_ Date Submitted \_\_\_\_\_ Fee \$ \_\_\_\_\_

1	Project Location				1A	Estimated Project Value	
2	Legal Description	Recording Date	Registry of Deeds Book & Page No.	Assessors Map & Parcel No.		Zoning District	
3	Owner	Name		Mail Address		Zip	Phone
4	Architect Engineer	Name		Mail Address		Phone	MA License No.
5	Contractor	Name		Mail Address		Phone	MA License No.
		HIC & Expire Date		CS & Expire Date			
6	Current Zoning Use From Bylaw	<input type="checkbox"/> Single Family Residential	<input type="checkbox"/> Multi-Family Residential # of Units _____	<input type="checkbox"/> Commercial Agricultural	<input type="checkbox"/> Industrial Accessory	<input type="checkbox"/> Other _____	
7	Proposed Zoning Use From Bylaw	<input type="checkbox"/> Single Family Residential	<input type="checkbox"/> Multi-Family Residential # of Units _____	<input type="checkbox"/> Commercial Agricultural	<input type="checkbox"/> Industrial Accessory	<input type="checkbox"/> Other _____	
8	Debris	Construction debris will be disposed of by _____ at _____ (Hauler) (Must be State Approved disposal site)					
12	Floodplain Wetlands Rivers APR	Is proposed construction within a floodplain or Floodway (Consult FEMA Maps)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is proposed construction within 100' of the edge of a pond, river, stream, brook or wetland?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is proposed construction within 200' of the edge of a river, stream or intermittent brook?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is proposed construction on property protected by an Agricultural Preservation Restriction?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Floodplain Wetlands Rivers	Is construction within a floodplain or Floodway (Consult FEMA Maps)?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is construction within 100' of the edge of a pond, river, stream, brook or wetland?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Is construction within 200' of the edge of a river, stream or intermittent brook?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Construction Dimensions	Height _____	# Stories _____	Length _____	Width _____	Sq. Ft. _____	
11	Distance to Property Lines and Setbacks	North _____		South _____		East _____ West _____	
		Front _____		Left Side _____		Right Side _____ Rear _____	
12	Distance to Street (R.O.W. Line)	_____ On which side of the street is the property? <input type="checkbox"/> North <input type="checkbox"/> South <input type="checkbox"/> East <input type="checkbox"/> West					
13	Lot Data	Lot Size (sq. ft.) _____		Lot Frontage (feet) _____		Lot Coverage after Completion (%) _____	
14	Parking	Off street Parking Spaces: # _____		15 Fill	Is Building erected on filled land? <input type="checkbox"/> Yes <input type="checkbox"/> No		
16	Utilities	Will any of the following be altered, repaired or installed?			<input type="checkbox"/> Heat (Type? _____)	<input type="checkbox"/> Electricity	
		<input type="checkbox"/> Septic System <input type="checkbox"/> Fireplace or Wood Stove			<input type="checkbox"/> Well	<input type="checkbox"/> Driveway <input type="checkbox"/> Gas	
17	Water Supply	What will be the water supply for this building?		<input type="checkbox"/> Sheffield Water Co.	<input type="checkbox"/> Deep Well (Provide copy of water test)	<input type="checkbox"/> Spring (Provide copy of water test)	<input type="checkbox"/> Point Well (Provide copy of water test)

18 - DESCRIPTION OF PROPOSED WORK (Check all applicable)			
New Construction <input type="checkbox"/>	Existing Building <input type="checkbox"/>	Repairs <input type="checkbox"/>	Alterations <input type="checkbox"/>
Accessory Bldg. <input type="checkbox"/>	Demolition <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____	
Brief Description of Proposed Work:			

19 - USE GROUP AND CONSTRUCTION TYPE			
USE GROUP (check as applicable)			
A Assembly	<input type="checkbox"/>	A-1 <input type="checkbox"/> A-2 <input type="checkbox"/> A-3 <input type="checkbox"/> A-4 <input type="checkbox"/> A-5 <input type="checkbox"/>	CONSTRUCTION TYPE
B Business	<input type="checkbox"/>		1A <input type="checkbox"/> 1B <input type="checkbox"/>
E Educational	<input type="checkbox"/>		2A <input type="checkbox"/> 2B <input type="checkbox"/>
F Factory	<input type="checkbox"/>	F-1 <input type="checkbox"/> F-2 <input type="checkbox"/>	2C <input type="checkbox"/>
H High Hazard	<input type="checkbox"/>	H-1 <input type="checkbox"/> H-2 <input type="checkbox"/> H-3 <input type="checkbox"/> H-3 <input type="checkbox"/>	3A <input type="checkbox"/>
I Institutional	<input type="checkbox"/>	I-1 <input type="checkbox"/> I-2 <input type="checkbox"/> I-3 <input type="checkbox"/>	3B <input type="checkbox"/>
M Mercantile	<input type="checkbox"/>		4 <input type="checkbox"/>
R Residential	<input type="checkbox"/>	R-1 <input type="checkbox"/> R-2 <input type="checkbox"/> R-3 <input type="checkbox"/> R-4 <input type="checkbox"/>	5A <input type="checkbox"/>
S Storage	<input type="checkbox"/>	S-1 <input type="checkbox"/> S-2 <input type="checkbox"/>	5B <input type="checkbox"/>
U Utility	<input type="checkbox"/>	Specify:	
M Mixed Use	<input type="checkbox"/>	Specify:	
COMPLETE THIS SECTION IF EXISTING BUILDING UNDERGOING RENOVATIONS. ADDITIONS AND/OR CHANGE IN USE			
Existing Use Group: _____		Proposed Use Group: _____	
Existing Hazard index 780 CMR 34 _____		Proposed Hazard Index 780 CMR 34): _____	

INSTRUCTION: **COMPLETE ALL PORTIONS OF APPLICATION**. Failure to complete application may result in rejection of application and additional time delay. Mark “NA” where information requested is not applicable.

Three (3) sets of the following documents must be submitted with the building permit application:

**Plot Plan** - must show to scale the size and location of all new construction and all existing structures on the site, distances from lot lines and names of abutters.

**Elevation** - side and front view of the proposed structure(s).

**Specifications** - Material and construction details of structural, mechanical, plumbing and electrical elements.

**Floor Plan(s)** - interior locations of walls, windows, doorways, plumbing, mechanical and electrical fixtures.

**Foundation Plan** -☐ poured concrete ☐ cement block ☐ piered ☐ solid ☐ slab ☐ other\_\_\_\_\_

All plans and specifications for buildings and structures containing more than thirty-five thousand (35,000) cubic feet of enclosed space shall bear the Massachusetts seal of registration of a qualified registered professional engineer or architect. One and two family dwellings are exempt from this requirement.

The building inspector may require sealed plans and specifications, or any other information, for **any** project, regardless of size, if he deems such as necessary to insure the public safety, health or welfare.

No structure is to be used or occupied until a certificate of occupancy has been issued. Permit must be visible and accessible at all times. **WORK MUST BE STARTED WITHIN 6 MONTHS OF THE PERMIT BEING ISSUED.**

**I certify that all necessary information for issuance of this permit is herewith provided and is accurate and truthful to my knowledge. I understand that I am responsible for contacting the inspector to insure the acceptance of these plans and to schedule all necessary inspections required by law. Repeat inspections are subject to an additional fee.**

<b>OWNER AUTHORIZATION – TO BE COMPLETED WHEN OWNER’S AGENT OR CONTRACTOR APPLIES FOR BUILDING PERMIT</b>	
I, _____, as Owner of the subject property hereby authorize _____ to act on my behalf in all matters relative to work authorized by this building permit application.	
_____ Signature of Owner	_____ Date

<b>OWNER/AUTHORIZATION – AGENT DECLARATION</b>	
I, _____, as Owner / Agent of the subject property hereby declare that the statements and information on the foregoing application are true and accurate, to the best of my knowledge and belief. Signed under the pains and penalties of perjury.	
_____ Print Name	
_____ Signature of Owner / Agent	_____ Date

Special Approvals:	Required?	For What?	Date Approval Received
Board of Health			
Planning Board			
Zoning Board of Appeals			
Highway Superintendent			
Ashley Falls Historic District Commission			
Fire Safety Inspector			
Board of Selectmen			

_____	<input type="checkbox"/> Approved
Building Inspector Signature	<input type="checkbox"/> Denied/Reason:
_____	_____
Date	_____
	_____

**Applications for new homes, additions, and renovations must have Board of Health approval before being considered by the Building Department. In addition, it is the responsibility of the owner/applicant to investigate and resolve any and all Wetland and other Environmental issues and permitting requirements.**